

C A L I F O R N I A

FORM 9000 & INSTRUCTIONS



1999 HOMEOWNER ASSISTANCE CLAIM BOOKLET

Claims must be filed after May 15, 1999
and on or before August 31, 1999.

Members of the Franchise Tax Board

Kathleen Connell, Chair
Johan Klehs, Member
B. Timothy Gage, Member

Are You Eligible?

File a claim if:

You were **one** of the following on December 31, 1998:

- 62 years of age or older;
- Blind; or
- Disabled; **and**

You meet **all** of the following requirements:

- You owned and lived in your own home on December 31, 1998;
- Your total household income for 1998 was \$33,132 or less; and
- You are a United States citizen, a designated alien or qualified alien when you file your claim.

Free Help

If you need help completing the claim form in this booklet,
please see page 2 and page 24.

Asistencia Gratis en español:

Asistencia gratis bilingüe en español se describe en la
pagina 24 de este folleto.

Bulk Rate
U.S. Postage Paid
Sacramento, CA
Permit No. 312

State of California
Franchise Tax Board



Homeowner Assistance

What's In This Booklet

	Page
What's New.....	3
Commonly Asked Questions.....	3
Step-by-Step Instructions for Completing the Claim Form.....	5
Proof of Age.....	5
Proof of Blindness or Disability.....	6
Property Information.....	7
1998 Income of You and Your Spouse.....	8
Property Tax Paid and Homeowner Assistance Claimed.....	11
Review and Mail Your Claim Form.....	12
Form FTB 9000, Homeowner Assistance Claim.....	13
Schedule 9110, Rental Income.....	17
Privacy Act Notice.....	21
Chart for Finding the Benefit Eligibility Code for Noncitizens.....	23
Free Automated Assistance.....	24

Free Assistance

A statewide volunteer assistance program provides free assistance for completing your claim form. Call the Franchise Tax Board at (800) 852-5711, your local Senior Citizens Information and Referral Service or your state legislator's office for the Homeowner and Renter Assistance (HRA) volunteer site nearest you.

If you need information to complete your claim form or to find out about your assistance check, call us using one of the telephone numbers listed on the back cover. You may also get information and receive assistance at any of the Franchise Tax Board field offices listed below.

Field Office	Address
Bakersfield.....	1800 30th Street
Burbank.....	333 N. Glenoaks Boulevard
Fresno.....	2550 Mariposa Street
Long Beach.....	4300 Long Beach Boulevard
Los Angeles.....	300 South Spring Street
Oakland.....	1515 Clay Street
Sacramento.....	3321 Power Inn Road
San Bernardino.....	464 West 4th Street
San Diego.....	5353 Mission Center Road
San Francisco.....	455 Golden Gate Avenue
San Jose.....	96 North Third Street
Santa Ana.....	600 West Santa Ana Boulevard
Santa Rosa.....	50 D Street
Stockton.....	31 East Channel Street
Ventura.....	4820 McGrath Street
West Covina.....	100 North Barranca Street

Letters

If you need to write to us, send your letter (but not your claim form) to:

FRANCHISE TAX BOARD
PO BOX 942886
SACRAMENTO CA 94286-0940

Include your social security number and your daytime and evening telephone numbers in your letter. We will acknowledge receipt of your letter within eight to ten weeks. In some cases, we may need to call you for additional information.

Forms

If you have Internet access, you may download, view and print California income tax forms and publications. Our Internet address is: <http://www.ftb.ca.gov>

What's New

Total Household Income Limits Increase

Due to legislation enacted in 1998, the maximum total household income you could have had in 1998 and still be eligible to file for claim year 1999 increased from \$13,200 to \$33,132. For details, see "Who May File a Homeowner Assistance Claim Form" on this page.

Audio Tapes

Audio versions of this booklet are available by calling the Franchise Tax Board at the numbers listed on page 24 under General Toll-Free Phone Service.

Commonly Asked Questions

Whom do I Call For Help? (800) 338-0505

Our F.A.S.T. (Fast Answers about State Taxes) automated toll-free phone service is available to answer your questions about the Homeowner Assistance Program. See the back cover for a list of codes for commonly asked questions. Call (800) 338-0505, select general tax information, follow the recorded instructions and enter the code that relates to your question.

In addition, you will see a phone symbol (☎) or a receiver symbol (📞) in the margin next to some of the following paragraphs. The number below the phone symbol is the code to enter if you need more information on that topic. The number below the receiver symbol is the code to enter if you want to hear someone read the instructions for the paragraph.



800

What is Homeowner Assistance?

Homeowner assistance is a once-a-year payment from the State of California based on part of the property taxes assessed and paid on your home. Eligible home owners may receive up to 96% of the property taxes paid in 1998 (see page 22). The maximum assistance payment allowed is \$326.40.



803

Who May File a Homeowner Assistance Claim Form?

You may file a 1999 Homeowner Assistance Claim form if you were **one** of the following on December 31, 1998:

1. 62 years of age or older;
2. Blind; or
3. Disabled, and meet **all** of the following:
 - Owned and lived in your home in California on December 31, 1998. A home may include a condominium, "own-your-own" apartment or a mobile home taxed as property;
 - Had total household income of \$33,132 or less in 1998;
 - Had gross household income of \$60,240 or less in 1998. Gross household income is total household income (form FTB 9000, Homeowner Assistance Claim, line 21) plus all non-cash business expenses such as depreciation, amortization and depletion; and
 - Are a United States citizen or a designated alien (see page 23), including a qualified alien, when you file your claim.

The federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the Act), requires that payments for homeowner and renter assistance claims be distributed only to United States citizens and certain designated aliens, including qualified aliens. To apply for these benefits, you must provide a declaration stating your citizenship or alien status. Completing Form FTB 9000, line 5 and line 6 and signing the form when you get to Step H provide the required declaration of your citizenship or alien status.

The Franchise Tax Board may request additional documentation or evidence to substantiate your declared status. The Act authorizes the Franchise Tax Board to compare information with the Federal Immigration and Naturalization Service (INS) to verify the immigration status you

declare. Applicable regulations also provide that information concerning aliens who cannot prove their declared alien status, after being provided an opportunity to do so, shall be reported to the INS.



809



800

Note: You may file only one claim per household each year. Only one owner-claimant is entitled to payment per year. When two or more individuals of a household meet the qualifications, they should decide who will file the claim.

When Should You File Your 1999 Claim?

You should file your claim after May 15, 1999, and on or before August 31, 1999.

What if You do Not File Your 1999 Claim on or Before August 31, 1999?

You can still file a 1999 claim, but you must file it by June 30, 2000.

Exception: If a medical incapacity prevents you from filing your 1999 claim by June 30, 2000, you must file your 1999 claim by the earliest of the following dates:

- Within six months after your medical incapacity ends; or
- By June 30, 2002.

If you file your 1999 claim after June 30, 2000, because of medical incapacity, attach a copy of a letter from your doctor to your claim. The letter must be on your doctor's letterhead and must describe your incapacity, state when the incapacity began and ended and state whether the incapacity prevented you from filing your claim.



807

When Will Homeowner Assistance Checks be Mailed?

Most homeowner assistance checks will be mailed before October 31, 1999, if all of the required documents are attached to your claim and your claim form is complete. See page 12 for a list of the required documents.

Please wait 15 weeks from the date you filed your claim if you need to call us about your assistance check. It may take up to 15 weeks to process your claim. If you call before we have processed your claim, we will not have information about your check.

Death of Claimant

If the date of death is on or before January 1, 1999:

No person may file a claim on behalf of a person who died on or before January 1, 1999.

If the date of death is on or after January 2, 1999:

Only the surviving spouse of an eligible claimant who died on or after January 2, 1999 and did not file a claim may file a claim on behalf of him or her. However, if you are eligible to file your own claim, you should file your own claim instead of filing on behalf of your deceased spouse.

Assistance attributable to a deceased claimant may not be paid to a person who is not a United States citizen or who is not described in the Eligibility Code Chart for Noncitizens on page 23.

Before You Begin

Make sure you have form FTB 9000, 1999 Homeowner Assistance Claim.

Gather **all** of your 1998 income records. You will also need a copy of your 1998/1999 property tax bill.

Step-by-Step Instructions

We provide step-by-step instructions to help you complete your form FTB 9000. Fill in only those lines that apply to your situation. If you need information or forms that are not included in this booklet, see the back cover.

Step-by-Step Instructions for Completing the Claim Form

Form 9000, 1999 Homeowner Assistance Claim, is on page 13 of this booklet.

STEP A

Name, Address and Social Security Number

If your booklet does not have a label on the front:

Print in ink or type your full name, address and social security number (if married, include your spouse's name and social security number) in the spaces provided at the top of form FTB 9000.

If your booklet has a label on the front:

Peel the label off of the front of your booklet and place it on the name and address area in Step A of form FTB 9000, then enter your social security number (if married, also enter your spouses social security number) in the spaces provided.

STEP B

Filing Status

Line 1 – Date of Birth

Enter the month, day and year of your birth on line 1.

Example: If you were born on May 21, 1922, you would enter 5/21/22 on line 1.

Line 2 – 62 or Older

If you were 62 or older on December 31, 1998, regardless of blindness or disability, check the box on line 2. If you filed a claim form last year as blind or disabled and turned 62 during 1998, you must file as 62 or older by checking the box on line 2. If you check the box on line 2, do not check the box on line 3 or line 4; go to line 5.

Proof of Age

If you were at least 62 years old on December 31, 1998, and received Supplemental Security Income (SSI), you do not need to send a proof of age document with your claim form. Your signature in Step H allows the Franchise Tax Board to verify your age with the Department of Health Services.

If you do not receive SSI, you must send a proof of age document for the first year you file as 62 years old or older. The proof of age document will become a permanent part of your record.

Attach a copy (do not send original documents) of **one** of the following:

- Birth certificate;
- Medi-Cal Benefits Identification Card (BIC);
- Hospital birth record;
- Church baptismal record; **or**
- Social security award letter that states your date of birth.

If you do not have any of the above documents, you should send a **copy** of any document that proves that you were 62 or older on December 31, 1998. Explain the document and how it proves your age.

Do not send your original Medi-Cal Benefits Identification Card as proof of age.

We cannot accept the following documents as proof of age:

- A copy of a California driver's license or identification card; or
- A Medicare card issued after June 30, 1973.

Line 3 – Under 62 and Blind

If you were blind but less than 62 years old on December 31, 1998, check the box on line 3. Skip line 4 and go to line 5.



810

You are considered blind if you have a statement from a doctor that says you have either:

- Central vision acuity (sharpness of vision) of no more than 20/200 with correction; or
- Tunnel vision, which is a limited visual field of no more than 20 degrees.

Line 4 – Under 62 and Disabled

If you were disabled but less than 62 years old on December 31, 1998, check the box on line 4. If you were blind, check only the box on line 3.

You are considered disabled if you are unable to engage in any substantial gainful activity because of a physical or mental impairment that is expected to last for a continuous period of 12 months or longer. Further, you are considered to be disabled only if the physical or mental impairment is so severe that you are not only unable to do your previous type of work, but also cannot do **any** kind of substantial gainful work considering age, education and work experience.



811

Proof of Blindness or Disability

- Proof of blindness is required only the first year you file a homeowner assistance claim. You will not need to send proof again as long as your condition remains the same.
- Proof of disability is required each year that you file a homeowner assistance claim.

If you receive SSI, you do not need to send a document with your claim form to prove your blindness or disability. Your signature in Step H allows the Franchise Tax Board to verify your blindness or disability with the Department of Health Services.

Exception: If you received an SSI payment decision but have not received any payments yet, send a copy of the SSI decision.

If you do not receive SSI, you must provide a statement of blindness or disability signed by a registered optometrist or physician on the optometrist's or physician's letterhead. **You must submit the original statement (not a copy).** The statement must include the dates and nature of the blindness or disability. You may also send a **copy** of your Medicare card if you were receiving social security as a blind or disabled person on December 31, 1998. If you do not have a Medicare card, you may send a copy of your social security award letter.

We cannot accept your Medi-Cal Benefits Identification Card as proof of blindness or disability.

Line 5 – Citizenship or Alien Status

Are you a United States citizen?

Yes. Check "Yes" on line 5, skip line 6 and go to line 7.

No. Check "No" on line 5 and go to line 6.



820

Line 6 – Benefit Eligibility for Noncitizens

Use the chart on page 23 to find the benefit eligibility code that matches your alien status. Then enter your alien status code on line 6a, alien registration number on line 6b and date of entry to the United States on line 6c.

If your alien status is not included in the Eligibility Code Chart for Noncitizens on page 23, you cannot receive homeowner or renter assistance benefits.

STEP C

Property Information

Line 7 – Own and Live in Home

You must have owned **and** lived in your home in California on December 31, 1998. A home may include your own condominium, “own-your-own” apartment or mobile home taxed as property. If you pay a vehicle-type tax on your mobile home to the Department of Housing and Community Development, you may file a claim for **either** homeowner assistance or for renter assistance. You may not file claims for both.

Line 7a – Full Value

Enter the full value of your property on line 7a. The full value of your property is the value of your property as shown on your 1998/1999 property tax bill, less the homeowner’s or veteran’s exemption. This may also be identified as full cash value or full market value.

Note: Homeowner assistance is granted **only** on the first \$34,000 of the full value as shown on your property tax bill. Assistance will not be allowed on that part of the full value (after homeowner’s or veteran’s exemption) of a residential dwelling that is more than \$34,000.

Line 8 – Personal Use

If your property was used entirely for your personal use in 1998, check “No” and go to line 9. If you use part of your property for rental and/or business purposes, check “Yes” and enter your best estimate of the percentage of your property devoted to your personal use on line 8a. The percentage of your property you use as your home may be figured by the number of rooms, square footage or any similar measure. For example, if you have five rooms in your home, use three rooms for your personal use and rent the other two rooms, your percentage of personal use would be figured this way:

$$\frac{3 \text{ rooms personal use}}{5 \text{ rooms total}} = 60\% \text{ personal use}$$

If you check “Yes,” you must complete line 14 and/or line 15.

Line 9 – Names on Your Property Tax Bill

List the name(s) and relationship(s) of anyone, other than yourself, who is included on your property tax bill. Indicate whether they lived in your home in 1998 by checking “Yes” or “No.” If your interest in your property is a recorded life estate, you are entitled to assistance on the tax assessed on your property.

Enter 100% as your percentage of ownership if the name(s) listed on your 1998/1999 property tax bill include only your spouse or any of the following persons related to you or to your spouse:

- Parents;
- Children or their spouses;
- Grandchildren or their spouses; or
- A person living in your home.

Note: Death or divorce ends the relationship of any individual above who is related to the claimant only by marriage.

Complete the following worksheet only if there are owners on your 1998/1999 property tax bill other than the relatives listed above and each owner has an equal percentage of ownership. If each owner does not have an equal percentage of ownership, do not complete the worksheet, go to line 9 of form FTB 9000 and enter your percentage of ownership.

1. Total number of owners listed on your 1998/1999 property tax bill 1. _____
2. Number of owners, other than those listed on page 7 who did not live with you during the period January 1, 1998, through December 31, 1998 2. _____
3. Subtract line 2 from line 1 3. _____
4. Divide line 3 by line 1. This is your percentage of ownership of the home. Enter this percentage on form FTB 9000, line 9 4. _____

STEP D

1998 Income of You and Your Spouse

You must show your total household income for the entire 1998 calendar year. **If you are married, also include the income your spouse received.**



812

Line 10 – Social Security/Railroad Retirement

Enter the total **yearly** amount of social security (including the amount deducted for Medicare premiums) and railroad retirement you and your spouse received, regardless of its source or taxability.

Line 11 – Interest/Dividends

Enter the total **yearly** amount of interest and dividends you and your spouse received, regardless of source or taxability.

Line 12 – Pensions/Annuities

Enter the total **yearly** amount of pensions and annuities you and your spouse received. Include your disability retirement payments and IRA distributions, regardless of source or taxability.

Line 13 – SSI/SSP, AB and ATD

Enter the total **yearly** amount of:

- SSI/SSP (Supplemental Security Income/State Supplemental Plan);
- AB (Aid to the Blind); and
- ATD (Aid to the Totally Disabled).

Note: These payments are often called “Gold Checks.”

Do not include Temporary Assistance for Needy Families, formerly Aid to Families with Dependent Children (AFDC).

Homeowner assistance will not be included as income or resources in determining the amount of public assistance payments to which you are entitled. Therefore, payments or assistance you or your spouse receive, such as food stamps, Temporary Assistance for Needy Families, SSI/SSP or payment for home-maker/chore services will not be reduced as a result of filing this claim.

Line 14 – Rental Income (or Loss)

Enter the amount of net rental income (or loss). You must attach a schedule showing the computation of rental income (or loss). You may use federal Schedule E or California Schedule 9110, Rental Income, on page 17.

If you checked “Yes” on line 8, you must complete line 14 and/or line 15.

Line 15 – Business Income (or Loss)

Enter the amount of net income (or loss) from your business. You must attach a schedule showing the computation of business income (or loss). You may use federal Schedule C or C-EZ (Form 1040), Profit or Loss From Business, for business income (or loss), or federal Schedule F (Form 1040), Profit or Loss From Farming, for farm income (or loss).

If you checked “Yes” on line 8, you must complete line 14 and/or line 15.

Line 16 – Gain (or Loss) From the Sale of Assets

Enter the amount of income (or loss) from the sale of assets. You must attach a schedule showing the computation of income (or loss). You may use California Schedule D, Capital Gain or Loss Adjustment, to figure California gain or loss (not the adjustment). The maximum deductible net loss from the sale of capital assets is \$3,000. Examples of capital assets are stocks and bonds.

You may use California Schedule D-1, Sales of Business Property, to figure net ordinary income or loss on the sale of business property.



812

Line 17 – Other Income (Including Wages)

Enter the total **yearly** amount of other income received by you and your spouse during 1998. Some of the types of income that you must include on line 17 are:

- Wages;
- Alimony received;
- Life insurance proceeds to the extent they exceed the expenses incurred for the last illness and funeral of a deceased spouse or the claimant;
- Veterans’ benefits;
- Unemployment insurance benefits;
- Worker’s compensation for temporary disability (amounts for permanent disability must be entered on line 13);
- Amounts received from an employer or any government body for loss of wages due to sickness or accident (sick-leave payments);
- Military compensation (including nontaxable military compensation);
- Scholarships and fellowship grants;
- Nontaxable gain from the sale of a residence;
- California lottery winnings in excess of \$600 in 1998; 100% of other lottery winnings;
- Gifts and inheritances (including noncash items) in excess of \$300, except between members of the household;
- Amounts received from an estate or trust that were not included on any other line;
- Amounts contributed by or on behalf of the claimant to a tax sheltered retirement plan or deferred compensation plan;
- The amount of alternative minimum taxable income in excess of your regular taxable income, if you were required to pay alternative minimum tax on your 1998 California income tax return; and
- Public assistance and relief, other than as excluded below.

Types of income that you must **not** include on line 17 are:

- Temporary Assistance for Needy Families;
- Foster care payments;
- Federal heating rebates;
- Utility company refunds or assistance;
- Medicare or Medi-Cal reimbursements for medical expenses; and
- Homeowner or renter assistance payments.

STEP E

Income of Other Household Members

Line 18 – Income of Other Household Members

Enter the total amount of income received by any person who lived with you in your home during 1998 who is not your spouse, a minor, a student or a renter. Only enter income they received while living in your home during 1998. Include all types of income received as listed in the instructions for line 10 through line 17.

STEP F

Total Household Income

Line 19 – Subtotal

Add line 10 through line 18.

Line 20 – Adjustments to Income

You may deduct the following from your income:

- **Individual Retirement Arrangement Deduction** – Deduct your deductible contribution to an Individual Retirement Account (IRA), Keogh (HR 10), Simplified Employee Plan (SEP) or Savings Incentive Match Plans for Employees (SIMPLE).
- **Student Loan Interest Deduction** – Deduct the amount allowed for California personal income tax.
- **Medical Savings Account (MSA) Deduction** – Deduct the amount you contributed to an MSA.
- **Moving Expenses** – Deduct allowable moving expenses that were not reimbursed by your employer.
- **Self-employment tax deduction** – Deduct one-half of your self-employment tax imposed for the taxable year.
- **Self-employed health insurance deduction** – Deduct the amount allowed for California personal income tax.
- **Forfeited interest penalty on early withdrawal of savings** – Deduct the penalty charged for premature withdrawal from a savings account.
- **Alimony paid** – Deduct court-ordered alimony payments.

Attach the appropriate form or a schedule explaining each adjustment to income.

You may **not** subtract these items from your household income:

- | | |
|---|-----------------------------|
| • Mortgage payments; | • Fees; |
| • Utilities; | • Medical bills; and |
| • Repairs; | • Interest paid on loans |
| • Taxes (other than self-employment tax); | (other than interest on |
| | qualified education loans). |

Line 21 – Total Household Income

Subtract line 20 from line 19. Enter the result on line 21. If the amount on line 21 is **more** than \$33,132, stop. You do **not** qualify for homeowner assistance.

STEP G

Property Tax Paid and Homeowner Assistance Claimed

Line 22 – Property Tax for 1998/1999

Enter the total tax (after homeowner's or veteran's exemption) from your 1998/1999 property tax bill. **Do not include payments for special or direct assessments, including improvement bonds or charges for services.**

You **must** attach a copy of your 1998/1999 property tax bill, a tax status report or a Cooperative Housing Property Tax Statement to your claim.

If you are a mobile home owner, you **must** include a copy of the Registration Renewal Billing Notice issued by the Department of Housing and Community Development.

Line 23 – Homeowner Assistance Claimed

The amount of homeowner assistance you will receive will be figured for you.

You do not have to complete this line. If you wish to figure the amount of assistance, see "Worksheet to Figure the Amount of Homeowner Assistance" on page 22.

Note: The law provides that no payment is allowed if the amount of allowable assistance is \$5 or less.

STEP H

Signature, Date and Telephone Number

Authorization

If you receive SSI, the Franchise Tax Board can verify with the Department of Health Services that you meet the age, disability or blindness requirement. This helps us process your claim faster. In addition, other eligibility criteria may be verified with the Department of Health Services and other state or federal agencies.

Declaration

Your signature on form FTB 9000, Step H, is also your declaration of your alien or citizenship status.

Sign and Date Your Claim Form

You must sign and date your claim form in the space provided. You may sign by making a mark in front of a witness. The word "witness" and the witness's signature **must** be entered after your mark. If you are filing on behalf of a deceased spouse, print "Surviving Spouse" after your signature. See instructions for Death of Claimant on page 4.

Enter Your Telephone Number

Your telephone number is important. If the need arises, we can provide you with faster and more complete service if we can contact you by telephone rather than in writing. Using the telephone also reduces government costs.

Review and Mail Your Claim Form

Review Your Claim Form

Review your claim form to make sure it is complete and correct. Be sure to include any copies of documents that were requested in the instructions (see list below). If the required documents are not attached to your claim form, your check will be delayed until the Franchise Tax Board receives and processes the missing documents.

Attach copies of the following required documents that apply to your claim:

- Proof of age (required for the first year you file as 62 or older);
- Proof of blindness (required for the first year you file as blind);
- Proof of disability (required each year you file as disabled);
- Your property tax bill (except for Tenant-Stockholders);
- If you have rental income (or loss), business income (or loss), capital gains (or loss) or adjustments to income, attach a complete copy of your 1998 federal Form 1040 along with the supporting schedules;
- If the claim is signed by someone acting as an Attorney in Fact, a copy of the Power of Attorney must be submitted with the claim;
- If you do not own your home but have a possessory interest, attach a copy of the document granting you a possessory interest;
- If your residence is a mobile home, attach a copy of your current Certificate of Title and/or registration card and a copy of your property tax bill;
- If your property is held in a trust, attach a copy of the trust agreement and amendments; and
- If you live in a mobile home, attach a copy of the Registration Renewal Billing Notice issued by the Department of Housing and Community Development.

Mail Your Claim Form

Mail your claim form and attached documents to:

FRANCHISE TAX BOARD
PO BOX 942886
SACRAMENTO CA 94286-0904

In most cases, homeowner assistance checks will be mailed before October 31, 1999.

Homeowner Assistance Claim (for income received in 1998)

1999

9000

STEP A

Use peel-off label. Otherwise, please print or type.

Name,
address
and
social
security
number

CLAIMANT'S FIRST NAME	INITIAL	LAST NAME	CLAIMANT'S SOCIAL SECURITY NUMBER
SPOUSE'S FIRST NAME	INITIAL	LAST NAME	SPOUSE'S SOCIAL SECURITY NUMBER
PRESENT HOME ADDRESS — NUMBER AND STREET INCLUDING PO BOX OR RURAL ROUTE			APT. NO.
CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE			

STEP B

Filing
Status

Complete
line 1.
Check only
one box on
line 2,
line 3 or
line 4.

1. Enter your date of birth..... • 1. / /
Date of birth
2. If you were 62 or older on December 31, 1998, check this box. Do not check the box on line 3 or line 4; go to line 5. 2. ☐ 62 or older ☐ OR
3. If you were under 62 and blind on December 31, 1998, check this box only. Do not check the box on line 4, go to line 5 3. ☐ Under 62 and blind ☐ OR
4. If you were under 62 and disabled (but not blind) on December 31, 1998, check this box only..... 4. ☐ Under 62 and disabled (not blind) ☐
5. Are you a United States citizen? Check "Yes" or "No" • 5. ☐ YES ☐ NO
If you checked "Yes," skip line 6 and go to line 7.
If you checked "No," go to line 6.
6. Benefit Eligibility for Noncitizens • 6a. Alien Status Code
If you have a qualifying alien status for the United States, enter your alien status code from the chart on page 23 on line 6a. Enter your alien registration number from your entry documents on line 6b. Enter your date of entry into the United States on line 6c.
See instructions for more information. • 6b. Alien Registration Number
• 6c. / /
Date of Entry

STEP C

Property
Information

Complete
line 7
through
line 9.

7. Did you own and live in your home on December 31, 1998 7. ☐ YES ☐ NO
If "No," stop. You do not qualify for homeowner assistance.
 - a. Enter the FULL value of your property (after subtracting your homeowner's or veteran's exemption). See page 7..... ☐ • 7a. \$
 8. Is your property used for rental and/or business as well as personal use? ☐ 8. ☐ YES ☐ NO
If you checked "Yes," enter the estimated percentage of property devoted to your personal use. See page 7 ▶ 8a. %
 9. List name(s) and relationship(s) of anyone, other than yourself, who is included on your property tax bill. See page 7 and page 8.

Name _____ Relationship _____ ☐ YES ☐ NO

Name _____ Relationship _____ ☐ YES ☐ NO

Name _____ Relationship _____ ☐ YES ☐ NO
- Did this person live in your home in 1998?
- Enter your percentage of ownership..... ▶ 9. %

STEP D 1998 income of you and your spouse	On line 10 through line 17, enter your total household income for the 1998 calendar year. If you are married, include your spouse's income. On line 18, enter the total income of other household members.		(Dollars)	(Cents)			
	10. Social Security and/or Railroad Retirement.	• 10.					
	11. Interest and/or Dividends	• 11.					
	12. Pensions and/or Annuities	• 12.					
	13. SSI/SSP, AB and ATD (Gold Check). See page 8	• 13.					
	14. Rental Income (or Loss). Attach schedule. See page 8 <input type="radio"/> • 14.						
	15. Business Income (or Loss). Attach schedule. See page 9 <input type="radio"/> • 15.						
	16. Gain (or Loss) from sale of assets. Attach schedule. See page 9 <input type="radio"/> • 16.						
17. Other Income (including wages). See page 9	• 17.						
STEP E 1998 Income of other household members	18. Income of Other Household Members in 1998. See page 10. Do not include your income or the income of your spouse, minors, students or renters .		• 18.				
STEP F 1998 Total household income	19. SUBTOTAL. Add line 10 through line 18.		19.				
	20. Adjustments to Income. See page 10. Attach documentation <input type="radio"/> • 20.						
	21. TOTAL HOUSEHOLD INCOME IN 1998. Subtract line 20 from line 19. • 21. If line 21 is more than \$33,132, stop. You do not qualify.						
STEP G Property tax paid and homeowner assistance claimed	22. PROPERTY TAX FOR 1998/1999 <input type="radio"/> • 22. DO NOT INCLUDE SPECIAL OR DIRECT ASSESSMENTS. See page 11. Attach a copy of your 1998/1999 property tax bill.						
	You do not have to complete line 23. If you stop here, we will figure the amount of assistance for you.						
	23. Homeowner assistance claimed. See page 11.		■ 23.				
STEP H Signature, date and telephone number	Caution: To avoid delay of your check, be sure to provide all requested information, sign below and mail to: FRANCHISE TAX BOARD, PO BOX 942886, SACRAMENTO CA 94286-0904.						
	I authorize the Franchise Tax Board to match my name and the information provided herein, as well as information necessary to process my claim, against information gathered from public records, the files of the Department of Health Services and other state or federal agencies to confirm my eligibility for the Homeowner Assistance Program.						
	Under penalties of perjury, I declare that this claim and all statements regarding my eligibility and citizenship or alien status, including accompanying schedules and any additional information I may provide to the Franchise Tax Board are to the best of my knowledge, true, correct and complete.						
Sign Here ➡	X _____ Claimant's signature		Date _____				
	Claimant's Daytime Telephone Number ()						
Paid Preparer's Use Only	PREPARER'S SIGNATURE ➡	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security number			
	FIRM'S NAME (OR YOURS, IF SELF EMPLOYED) AND ADDRESS ➡			FEIN			
				TELEPHONE ()			
	Do not write in this space						
Do not write in this space		Do not write in this space					
		L	D	I	A	R	RES

Homeowner Assistance Claim (for income received in 1998)

1999

9000

STEP A

Use peel-off label. Otherwise, please print or type.

Name,
address
and
social
security
number

CLAIMANT'S FIRST NAME	INITIAL	LAST NAME	CLAIMANT'S SOCIAL SECURITY NUMBER
SPOUSE'S FIRST NAME	INITIAL	LAST NAME	SPOUSE'S SOCIAL SECURITY NUMBER
PRESENT HOME ADDRESS — NUMBER AND STREET INCLUDING PO BOX OR RURAL ROUTE			APT. NO.
CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE			

STEP B

Filing
Status

Complete
line 1.
Check only
one box on
line 2,
line 3 or
line 4.

1. Enter your date of birth..... • 1. / /
Date of birth
2. If you were 62 or older on December 31, 1998, check this box. Do not check the box on line 3 or line 4; go to line 5. 2. ☐ 62 or older ☐ OR
3. If you were under 62 and blind on December 31, 1998, check this box only. Do not check the box on line 4, go to line 5 3. ☐ Under 62 and blind ☐ OR
4. If you were under 62 and disabled (but not blind) on December 31, 1998, check this box only..... 4. ☐ Under 62 and disabled (not blind) ☐
5. Are you a United States citizen? Check "Yes" or "No" • 5. ☐ YES ☐ NO
If you checked "Yes," skip line 6 and go to line 7.
If you checked "No," go to line 6.
6. Benefit Eligibility for Noncitizens • 6a. Alien Status Code
If you have a qualifying alien status for the United States, enter your alien status code from the chart on page 23 on line 6a. Enter your alien registration number from your entry documents on line 6b. Enter your date of entry into the United States on line 6c.
See instructions for more information. • 6b. Alien Registration Number
• 6c. / /
Date of Entry

STEP C

Property
Information

Complete
line 7
through
line 9.

7. Did you own and live in your home on December 31, 1998 7. ☐ YES ☐ NO
If "No," stop. You do not qualify for homeowner assistance.
 - a. Enter the FULL value of your property (after subtracting your homeowner's or veteran's exemption). See page 7..... ☐ • 7a. \$
 8. Is your property used for rental and/or business as well as personal use? ☐ 8. ☐ YES ☐ NO
If you checked "Yes," enter the estimated percentage of property devoted to your personal use. See page 7 ► 8a. %
 9. List name(s) and relationship(s) of anyone, other than yourself, who is included on your property tax bill. See page 7 and page 8.

Name _____ Relationship _____ ☐ YES ☐ NO

Name _____ Relationship _____ ☐ YES ☐ NO

Name _____ Relationship _____ ☐ YES ☐ NO
- Enter your percentage of ownership..... ► 9. %

Did this person live in your home in 1998?

STEP D 1998 income of you and your spouse	On line 10 through line 17, enter your total household income for the 1998 calendar year. If you are married, include your spouse's income. On line 18, enter the total income of other household members.		(Dollars)	(Cents)			
	10. Social Security and/or Railroad Retirement.	• 10.					
	11. Interest and/or Dividends	• 11.					
	12. Pensions and/or Annuities	• 12.					
	13. SSI/SSP, AB and ATD (Gold Check). See page 8	• 13.					
	14. Rental Income (or Loss). Attach schedule. See page 8 <input type="radio"/> • 14.						
	15. Business Income (or Loss). Attach schedule. See page 9 <input type="radio"/> • 15.						
	16. Gain (or Loss) from sale of assets. Attach schedule. See page 9 <input type="radio"/> • 16.						
17. Other Income (including wages). See page 9	• 17.						
STEP E 1998 Income of other household members	18. Income of Other Household Members in 1998. See page 10. Do not include your income or the income of your spouse, minors, students or renters .		• 18.				
STEP F 1998 Total household income	19. SUBTOTAL. Add line 10 through line 18.		19.				
	20. Adjustments to Income. See page 10. Attach documentation <input type="radio"/> • 20.						
	21. TOTAL HOUSEHOLD INCOME IN 1998. Subtract line 20 from line 19. • 21. If line 21 is more than \$33,132, stop. You do not qualify.						
STEP G Property tax paid and homeowner assistance claimed	22. PROPERTY TAX FOR 1998/1999 <input type="radio"/> • 22. DO NOT INCLUDE SPECIAL OR DIRECT ASSESSMENTS. See page 11. Attach a copy of your 1998/1999 property tax bill.						
	You do not have to complete line 23. If you stop here, we will figure the amount of assistance for you.						
	23. Homeowner assistance claimed. See page 11.		■ 23.				
STEP H Signature, date and telephone number	Caution: To avoid delay of your check, be sure to provide all requested information, sign below and mail to: FRANCHISE TAX BOARD, PO BOX 942886, SACRAMENTO CA 94286-0904.						
	I authorize the Franchise Tax Board to match my name and the information provided herein, as well as information necessary to process my claim, against information gathered from public records, the files of the Department of Health Services and other state or federal agencies to confirm my eligibility for the Homeowner Assistance Program.						
	Under penalties of perjury, I declare that this claim and all statements regarding my eligibility and citizenship or alien status, including accompanying schedules and any additional information I may provide to the Franchise Tax Board are to the best of my knowledge, true, correct and complete.						
Sign Here ➡	X _____ Date _____ Claimant's signature Claimant's Daytime Telephone Number ()						
Paid Preparer's Use Only	PREPARER'S SIGNATURE ➡	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security number			
	FIRM'S NAME (OR YOURS, IF SELF EMPLOYED) AND ADDRESS ➡			FEIN			
				TELEPHONE ()			
	Do not write in this space						
Do not write in this space		Do not write in this space					
		L	D	I	A	R	RES

1999 Rental Income (for rents received in 1998)**9110**

First name	Initial	Last name	Your social security number
------------	---------	-----------	-----------------------------

SEE INSTRUCTIONS ON BACK FOR COMPLETING THIS SCHEDULE

	Use Column A only if your rental property is connected to or located on the same property as your residence.	Use Column B and Column C if your rental property is not located on the same property as your residence.	
	Column A	Column B	Column C
1 Address or property identification			
2 Gross receipts from rents			
3 Expenses for:			
Property taxes			
Insurance			
Interest			
Telephone			
Light, heat, water, power			
Garbage			
Repairs, maintenance			
Other expenses (list, but do not include depreciation)			
4 Total expenses (before depreciation). Add all the amounts shown in each column for line 3.			
5 Total Depreciation from depreciation schedule below, column (7)			
6 Total expenses Add line 4 and line 5			
7 Expenses applied to portion occupied by you. See instructions			
8 Rental expenses Subtract line 7 from line 6			
9 Net rental income (or loss). Subtract line 8, Column A, and/or line 6, Columns B and C, from line 2. . . .			

10 Total. Add line 9, Columns A, B and C. Enter the amount here and on form FTB 9000 or form FTB 9000R, line 14. . . **10** _____**Depreciation Schedule.** See instructions.

(1) Description	(2) Date of purchase	(3) Cost or other basis	(4) Allowed or allowable in prior years	(5) Method of computing	(6) Rate or life	(7) Depreciation this year
A						
B						
C						
Total Depreciation. Add the amounts in column (7). Enter in the appropriate column of line 5 above						

Instructions for Completing Schedule 9110

Rental Income

Specific Line Instructions

Column A

Use this column only if your rental property is connected to or located on the same property as your residence. Examples of this type of property are an apartment situated on your residential lot, or a duplex, one-half of which is used as your personal residence or rooms rented in your residence.

- Line 1** Enter the address of the property.
- Line 2** Enter the gross receipts received from rents during 1998.
- Line 3** List in detail all expenses of the rental property connected with your personal residence. Examples of these expenses are: property taxes, insurance and interest that are partly rental expenses and partly expenses you pay for your residence.
- Line 4** Add all expenses listed under line 3.
- Line 5** Complete the depreciation schedule for this rental property and enter the amount of depreciation allowed or allowable. See the depreciation schedule information below.
- Note:** Depreciation is not allowed on the portion of the property that you use as your personal residence.
- Line 6** Add line 4 and line 5.
- Line 7** Enter the portion of expenses included on line 4 that applies to your personal residence. To determine this amount, multiply the percentage of the property you occupy as your home by the amount on line 4. Figure the percentage that you occupy by using the number of rooms, square footage or any similar measure. For example, if you have five rooms in your home and use three for your personal use and rent

two, your percentage of personal use would be figured this way:

$$\frac{3 \text{ rooms personal use}}{5 \text{ rooms total}} = 60\% \text{ personal use}$$

- Line 8** Subtract line 7 from line 6. This is the part of the rental expenses that applies only to your rental property.
- Line 9** Subtract line 8 from line 2. This is your net rental income or loss.
- Line 10** If you have no other rental property, enter the amount from line 9, Column A on line 10 and on form FTB 9000 or FTB 9000R, line 14. If you have other rental properties, continue reading the instructions.

Column B and Column C

Use these columns if your rental property is **not** located on the same property as your residence.

- Line 1** Enter the address of each property.
- Line 2** Enter the gross receipts received from rents for each property during 1998.
- Line 3** List in detail all expenses connected with each rental.
- Line 4** Add all expenses listed under line 3 for each column.
- Line 5** Complete the depreciation schedule for the rental properties shown in Column B and Column C. Enter the amount of depreciation allowed or allowable for each rental property. See the depreciation schedule example below.
- Line 6** Add line 4 and line 5 for each column.
- Line 9** Subtract line 6 from line 2. This is your net rental income or loss for each property.
- Line 10** Add line 9, Columns A, B and C. Enter this amount here and on form FTB 9000 or FTB 9000R, line 14.

Depreciation Schedule

California did not allow depreciation under the federal accelerated cost recovery system (ACRS) for years prior to 1987 (see the note below for exception).

You must continue calculating your California depreciation deduction for assets placed in service before January 1, 1987, in the same manner as in prior years. See your rental income schedules for 1986 and earlier to determine how you must continue depreciating these assets. For property placed in service after December 31, 1986, you must use the federal modified accelerated cost recovery system. See federal Form 4562, Depreciation and Amortization, for more information.

Note: California allows residential rental property for which construction began on or after July 1, 1985, but before

July 1, 1988, to be treated as 18-year recovery property under the federal ACRS. If you began to depreciate this type of property under the federal ACRS for 1985 and 1986, you must continue using this method on your rental income schedule.

Example of straight-line method of computing depreciation

The "straight-line" method of computing depreciation is the simplest and most commonly used. The depreciation for each year is determined by dividing the adjusted basis (cost) of the property by the useful life of the property. The basis should not include the cost attributable to the land on which the residential dwelling is located. As an example, if the cost of the home is \$20,000, the depreciation allowable is computed as follows:

$$\begin{array}{rcl} \$20,000 & \text{(Cost of home less the} & \\ & \text{cost attributable to} & \\ & \text{the land)} & \\ \hline & 20 \text{ Years of useful life} & \\ & & = \$1,000 \text{ Total yearly} \\ & & \text{depreciation} \end{array}$$

1999 Rental Income (for rents received in 1998)**9110**

First name	Initial	Last name	Your social security number
------------	---------	-----------	-----------------------------

SEE INSTRUCTIONS ON BACK FOR COMPLETING THIS SCHEDULE

	Use Column A only if your rental property is connected to or located on the same property as your residence.	Use Column B and Column C if your rental property is not located on the same property as your residence.	
	Column A	Column B	Column C
1 Address or property identification			
2 Gross receipts from rents			
3 Expenses for:			
Property taxes			
Insurance			
Interest			
Telephone			
Light, heat, water, power			
Garbage			
Repairs, maintenance			
Other expenses (list, but do not include depreciation)			
4 Total expenses (before depreciation). Add all the amounts shown in each column for line 3.			
5 Total Depreciation from depreciation schedule below, column (7)			
6 Total expenses Add line 4 and line 5			
7 Expenses applied to portion occupied by you. See instructions			
8 Rental expenses Subtract line 7 from line 6			
9 Net rental income (or loss). Subtract line 8, Column A, and/or line 6, Columns B and C, from line 2			

10 Total. Add line 9, Columns A, B and C. Enter the amount here and on form FTB 9000 or form FTB 9000R, line 14. . . **10** _____**Depreciation Schedule.** See instructions.

(1) Description	(2) Date of purchase	(3) Cost or other basis	(4) Allowed or allowable in prior years	(5) Method of computing	(6) Rate or life	(7) Depreciation this year
A						
B						
C						
Total Depreciation. Add the amounts in column (7). Enter in the appropriate column of line 5 above						

Instructions for Completing Schedule 9110

Rental Income

Specific Line Instructions

Column A

Use this column only if your rental property is connected to or located on the same property as your residence. Examples of this type of property are an apartment situated on your residential lot, or a duplex, one-half of which is used as your personal residence or rooms rented in your residence.

- Line 1** Enter the address of the property.
- Line 2** Enter the gross receipts received from rents during 1998.
- Line 3** List in detail all expenses of the rental property connected with your personal residence. Examples of these expenses are: property taxes, insurance and interest that are partly rental expenses and partly expenses you pay for your residence.
- Line 4** Add all expenses listed under line 3.
- Line 5** Complete the depreciation schedule for this rental property and enter the amount of depreciation allowed or allowable. See the depreciation schedule information below.
- Note:** Depreciation is not allowed on the portion of the property that you use as your personal residence.
- Line 6** Add line 4 and line 5.
- Line 7** Enter the portion of expenses included on line 4 that applies to your personal residence. To determine this amount, multiply the percentage of the property you occupy as your home by the amount on line 4. Figure the percentage that you occupy by using the number of rooms, square footage or any similar measure. For example, if you have five rooms in your home and use three for your personal use and rent

two, your percentage of personal use would be figured this way:

$$\frac{3 \text{ rooms personal use}}{5 \text{ rooms total}} = 60\% \text{ personal use}$$

- Line 8** Subtract line 7 from line 6. This is the part of the rental expenses that applies only to your rental property.
- Line 9** Subtract line 8 from line 2. This is your net rental income or loss.
- Line 10** If you have no other rental property, enter the amount from line 9, Column A on line 10 and on form FTB 9000 or FTB 9000R, line 14. If you have other rental properties, continue reading the instructions.

Column B and Column C

Use these columns if your rental property is **not** located on the same property as your residence.

- Line 1** Enter the address of each property.
- Line 2** Enter the gross receipts received from rents for each property during 1998.
- Line 3** List in detail all expenses connected with each rental.
- Line 4** Add all expenses listed under line 3 for each column.
- Line 5** Complete the depreciation schedule for the rental properties shown in Column B and Column C. Enter the amount of depreciation allowed or allowable for each rental property. See the depreciation schedule example below.
- Line 6** Add line 4 and line 5 for each column.
- Line 9** Subtract line 6 from line 2. This is your net rental income or loss for each property.
- Line 10** Add line 9, Columns A, B and C. Enter this amount here and on form FTB 9000 or FTB 9000R, line 14.

Depreciation Schedule

California did not allow depreciation under the federal accelerated cost recovery system (ACRS) for years prior to 1987 (see the note below for exception).

You must continue calculating your California depreciation deduction for assets placed in service before January 1, 1987, in the same manner as in prior years. See your rental income schedules for 1986 and earlier to determine how you must continue depreciating these assets. For property placed in service after December 31, 1986, you must use the federal modified accelerated cost recovery system. See federal Form 4562, Depreciation and Amortization, for more information.

Note: California allows residential rental property for which construction began on or after July 1, 1985, but before

July 1, 1988, to be treated as 18-year recovery property under the federal ACRS. If you began to depreciate this type of property under the federal ACRS for 1985 and 1986, you must continue using this method on your rental income schedule.

Example of straight-line method of computing depreciation

The "straight-line" method of computing depreciation is the simplest and most commonly used. The depreciation for each year is determined by dividing the adjusted basis (cost) of the property by the useful life of the property. The basis should not include the cost attributable to the land on which the residential dwelling is located. As an example, if the cost of the home is \$20,000, the depreciation allowable is computed as follows:

$$\begin{array}{rcl} \$20,000 & \text{(Cost of home less the} & \\ & \text{cost attributable to} & \\ & \text{the land)} & \\ \hline & 20 \text{ Years of useful life} & \\ \hline & & = \$1,000 \text{ Total yearly} \\ & & \text{depreciation} \end{array}$$

Privacy Act Notice

The Information Practices Act of 1977 and the Federal Privacy Act require that the following information be provided to individuals who are asked to supply information:

The official who is responsible for maintaining the information is the Director, Processing Services Bureau. Address your correspondence to:

DIRECTOR, PROCESSING SERVICES BUREAU
FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO CALIFORNIA 94240-1040.

Telephone number:

- Within the United States (800) 852-5711
- Outside the United States (916) 845-6500

The Revenue and Taxation Code requires every person claiming benefits under the Homeowner and Renter Assistance Program to make a claim according to the forms and regulations prescribed by the Franchise Tax Board (Sections 20501 through 20646 and the Regulations pertaining thereto). Individuals making claims or providing statements or other documents are required to include their social security numbers to ensure proper identification and to permit processing of the claims. (See also Section 205(c)(2) of the Federal Social Security Act as amended by Section 1211 of the Federal Tax Reform Act of 1976.)

The principal purposes for requesting information are to permit the department to properly respond to homeowner and renter assistance claims and other communications and to determine the validity of claims. Filing a claim for assistance is voluntary. However, if a claim is filed, the applicant must complete the form and provide all requested information for the claim to be considered. Assistance shall not be allowed based on incomplete or inaccurate claims.

As authorized by law, information furnished on the form may be transferred to the federal Immigration and Naturalization Service and to the following governmental agencies and officials of the State: Board of Control, Board of Equalization, Department of Finance, Office of the State Controller, Auditor General and Legislative Analyst. An individual has a right of access to records containing his/her personal information that are maintained by the Franchise Tax Board.

Worksheet to Figure the Amount of Homeowner Assistance

If you want, we will figure the amount of homeowner assistance for you. You may, however, figure this amount by completing line 1 through line 9 for those items that apply to you.

Complete only if the full value of your property as shown on your 1998/1999 property tax bill is more than \$34,000 after subtracting your homeowner's or veteran's exemption.

1. Enter the full value shown on form FTB 9000, line 7a. 1. \$ _____
2. Divide \$34,000 by the amount on line 1 above (100% maximum) 2. _____ %

Complete only if your property is used for rental and/or business purposes as well as for your home.

3. Enter the percentage of your home devoted to your personal use shown on form FTB 9000, line 8a. 3. _____ %

Complete only if there are owners (other than you and your spouse, or the parents, children, grandchildren (or their spouses) of you or your spouse) listed on your property tax bill who do not live in your home.

4. Enter the percentage of your ownership shown on form FTB 9000, line 9. 4. _____ %

Figure the amount of homeowner assistance.

5. Enter the property tax for 1998/1999 shown on form FTB 9000, line 22 5. \$ _____
6. Enter the lowest percentage from line 2, line 3 or line 4 above.
Enter 100% if line 2, line 3 and line 4 are blank. 6. _____ %
7. Multiply the amount on line 5 by the percentage on line 6 7. \$ _____
8. Find your total household income on the schedule below and enter the percentage of assistance here 8. _____ %
9. Homeowner assistance. Multiply the amount on line 7 by the percentage on line 8. Enter this amount on form FTB 9000, line 23 9. \$ _____

Homeowner Assistance Schedule

If your total household income is		Your percentage of assistance is	If your total household income is		Your percentage of assistance is
From	To		From	To	
\$ 0	\$ 8,283	96%	\$18,224	\$18,775	41%
8,284	8,835	94%	18,776	19,327	37%
8,836	9,387	92%	19,328	19,879	34%
9,388	9,940	90%	19,880	20,431	31%
9,941	10,492	88%	20,432	20,984	28%
10,493	11,044	86%	20,985	21,536	25%
11,045	11,596	84%	21,537	22,088	22%
11,597	12,148	82%	22,089	22,640	20%
12,149	12,701	80%	22,641	23,192	18%
12,702	13,253	78%	23,193	23,745	16%
13,254	13,805	76%	23,746	24,297	14%
13,806	14,357	73%	24,298	24,849	12%
14,358	14,909	69%	24,850	26,230	10%
14,910	15,462	65%	26,231	27,610	8%
15,463	16,014	61%	27,611	28,991	7%
16,015	16,566	57%	28,992	30,371	6%
16,567	17,118	53%	30,372	31,752	5%
17,119	17,670	49%	31,753	33,132	4%
17,671	18,223	45%	33,133	And Over	0%

Chart for Finding The Benefit Eligibility Code for Noncitizens

Are you a United States citizen?

Yes **STOP.** You **must** check the “Yes” box on line 5 of Form 9000. You do not need to read this page.

No You **must** enter an eligibility code from the chart below on line 6a of Form 9000. Follow the instructions below for determining your eligibility code.

General Information

If you are **not** a United States citizen, you may file a claim for homeowner or renter assistance only if you meet the income and age, blindness or disability requirements for assistance **and**, when you file your claim, you are one of the following:

- A qualified alien;
- A nonimmigrant alien under the Immigration and Nationality Act (INA); or
- An alien paroled into the United States under Section 212(d)(5) of the INA for less than one year.

These categories of aliens are described further by the Eligibility Code Chart for Noncitizens below.

Undocumented aliens and aliens not described below are **not** eligible to receive homeowner or renter assistance and should **not** complete a claim form.

Instructions

If you are **not** a United States citizen, find the category listed below that accurately describes your presence or admission to the United States. Transfer the alien status code letter for that category to Form 9000, line 6a.

Note: If you have questions regarding your immigration status, contact your local Immigration and Naturalization Service (INS) office.

Eligibility Code Chart for Noncitizens

If you are:	Use Alien Status Code:
<ul style="list-style-type: none">• An alien lawfully admitted for permanent residence under the INA;• An alien who (or whose child or child's parent) has been battered or subjected to extreme cruelty in the United States by a spouse or parent or by a spouse or parent's family member living in the same house; OR• The child of an alien who has been battered or subjected to extreme cruelty in the United States by a spouse or parent or by a spouse or parent's family member living in the same house.	B
An alien who is granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.	C
An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect immediately prior to September 30, 1996) or Section 241(b)(3) of the INA (as amended by Section 305 (a) of division C of Public Law 104-208).	D
An alien who is granted asylum under Section 208 of the INA.	E
A refugee admitted to the United States under Section 207 of the INA.	F
An alien paroled into the United States for one year or more under Section 212(d)(5) of the INA.	G
An alien who is a Cuban or Haitian entrant (as defined in Section 501(e) of the Refugee Education Assistance Act of 1980).	H
An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA.	I
A nonimmigrant alien, as defined in Section 101(a)(15) of the INA, admitted under the INA (8 U.S.C. Section 1101...).	J

You do not qualify for homeowner or renter assistance if:

- Your alien status is not described above.
- You are an undocumented alien. Undocumented aliens do not qualify for most public benefits, including homeowner and renter assistance.



Free Automated Assistance

(Keep This Page For Future Use)

F.A.S.T. Service

Fast Answers about State Taxes is the F.A.S.T. automated toll-free phone service you can use to hear recorded answers to many of your questions about homeowner and renter assistance.

F.A.S.T. is available in English and Spanish to callers with touch-tone telephones.

When Is F.A.S.T. Available?

Recorded answers to your questions are available 24 hours a day, seven days a week.

How To Use F.A.S.T.

Have paper and pencil ready to take notes.

Call the F.A.S.T. toll-free number: From within the United States (800) 338-0505
From outside the United States (not toll-free). (916) 845-6600

Follow the recorded instructions, select general tax information and enter the three-digit code when you are instructed to do so.

CODE GENERAL INFORMATION

800 What is homeowner assistance and when do I file the assistance claim?
801 What is renter assistance and when do I file the assistance claim?
803 Who is eligible for homeowner assistance?
804 Who is eligible for renter assistance?
806 Will the homeowner assistance create a lien on my home?
807 When will I get my assistance check?
808 Can I file for past years?
809 Can my spouse and I each file a claim?
810 How can I prove my age?

CODE GENERAL INFORMATION

811 How can I prove my blindness or disability?
812 How do I report my yearly income on my assistance claim form?
813 I have moved since I filed my claim form. How do I change my address?
814 How do I correct my claim form?
815 Whom do I contact for my energy rebate?
816 I have a question about my property tax bill. Whom do I call?
817 I cannot pay my property tax bill. What do I do?
819 Whom do I contact about low-income housing?
820 Do I need to use the Eligibility Code Chart for Noncitizens?

Where to Get Income Tax Forms

By Internet – If you have Internet access, you may download, view and print California tax forms and publications. Our Internet address is: <http://www.ftb.ca.gov>

By Phone – Use F.A.S.T. to order 1996, 1997, 1998 and 1999 California tax forms.

- Call (800) 338-0505.
- Select personal income tax form requests.

By mail – Write to: TAX FORMS REQUEST UNIT, FRANCHISE TAX BOARD, PO BOX 307, RANCHO CORDOVA CA 95741-0307.

We will send you two copies of each tax form and one copy of each set of instructions. Please allow two weeks to receive your order.

Where to Mail Your Claim Form

FRANCHISE TAX BOARD
PO BOX 942886
SACRAMENTO CA 94286-0904

General Toll-Free Phone Service

Service is available Monday through Friday between 7 a.m. and 8 p.m.

From within the United States. (800) 852-5711
From outside the United States (not toll-free). (916) 845-6500

Hearing Impaired

Toll-free phone service is provided for the hearing impaired with a Telecommunications Device (TDD). Call (800) 822-6268. Franchise Tax Board will also accept calls for, and relay messages to, any California state agency.

Asistencia Bilingüe en español

Para obtener servicios en español y asistencia gratis para completar su declaración de impuestos/formularios, llame al número de teléfono (anotado arriba) que le corresponde.

Usted puede calificar para un reembolso de una parte de los impuestos sobre propiedad que usted paga si en diciembre 31 de 1998, usted tenía 62 años (o más) o estaba ciego o incapacitado, y fue dueño de las cas donde vivía, y su ingreso por año no fue mas de \$33,132 y usted es ya sea ciudadano de los estados unidos o un extranjero designado (incluyendo a extranjeros calificados) como se describe en la pagina 23 de este folleto.

Formularios para solicitar ésta asistencia deben ser entregados despues el 15 de mayo y antes o en el 31 de agosto.

Ciertas bibliotecas tienen folletos de reclamo gratis. Si usted necesita formularios adicionales, escriba a TAX FORMS REQUEST UNIT, FRANCHISE TAX BOARD, PO BOX 307, RANCHO CORDOVA CA 95741-0307. Por favor, espere 14 días para recibir nuestra respuesta.

